

# TREATMENT AUTHORIZATION REQUEST (TAR)

Mark ☒ the appropriate boxes indicating which program will be utilized for the services requested.

☐ COUNTY MEDICAL SERVICES PROGRAM (CMS) ☐ LOW INCOME HEALTH PROGRAM (LIHP)

☐ URGENT REQUEST ☐ RETRO TAR REQUEST

Please include all info required to substantiate medical necessity.

PATIENT INFORMATION	REFERRING PROVIDER INFORMATION Specialist <input type="checkbox"/> Yes or <input type="checkbox"/> No
Patient Name: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ SSN: _____ DOB: _____ Elig: _____ through _____ (month) (year) (month) (year)	Name: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Clinic ID#: _____ Date: _____ By: _____ (Print Physician's Name)
SPECIALIST INFORMATION	NOTICE TO PROVIDERS
Name: _____ Address: _____ City/State/Zip: _____ Phone Number: _____ Appt. Date: _____	Services beyond those authorized in this referral must be specifically authorized by CMS or LIHP. The referral is valid only when the patient is certified. You may verify certification when the patient presents his or her identification card. The service must be provided prior to the expiration date noted below. Unauthorized services or services not specifically noted will not be honored for payment.
SERVICES REQUESTED WITH THIS REFERRAL: _____ _____ CPT Codes: _____ ICD-9 Codes _____	
CLINICAL INFORMATION, including pertinent lab, x-ray and treatment to date: _____ _____ _____ Clinic MD Signature: _____	
Data Enclosed: Lab Reports [ ] X-ray [ ] Narrative Reports [ ] Med. Reports [ ] Other: _____	
WRITTEN FINDINGS THAT ARE A RESULT OF THE REFERRAL SHOULD BE PROMPTLY SENT TO THE PRIMARY CARE PROVIDER	
TAR NUMBER: _____ BY: _____ EXP. DATE: _____ SERVICES AUTHORIZED: _____	
THIS AREA FOR SPECIALIST RESPONSE: _____ _____ DATE: _____ Specialist Signature: _____	

FOR FURTHER INFORMATION CONTACT CMS / LIHP PROGRAMS Authorization Department at (858) 658-8650  
Mail or Fax TAR to: CMS Authorizations PO Box 939016, San Diego, CA 92193 or LIHP Authorizations PO Box 23667, San Diego, CA 92193  
Fax TAR to: (855) 394-7927